## **INCIDENT LOG**

| Instructions: Complete an Incident Log for each patron involved.                     |  |   |                    |                |               |        |                   | INCIDENT DATE           | INCIDENT TIME           |  |  |
|--|--|---|--------------------|----------------|---------------|--------|-------------------|-------------------------|-------------------------|--|--|
| PATRON INFORMATION   |  |   |                    |                |               |        |                   |                         |                         |  |  |
| 1.   | I. PATRON'S NAME (First, middle, last)   |   |                    |                |               |        |                   |                         | PATRON'S PHONE NUMBER   |  |  |
|  | ADDRESS (Street number and name, city, state, zip code)  |   |                    |                |               |        |                   | PATRON'S EMPLOYER       |                         |  |  |
|  | ADDITESS (Street number and name, City, State, Zip Code)   |   |                    |                |               |        |                   | PATRON'S EMPLOYER       |                         |  |  |
| 2.   | 1  | AS INJURED  | IF YES, ON WHA     | T PART OF BODY | MEDICAL ATTE  | ENTION | WAS GIVEN         | HOSPITALIZATIO          | 7                       |  |  |
| L  | YES  | NO  |                    |                | YES           |        | NO                | YES                     | NO                      |  |  |
| 3.   | PATRON W.  | AS A MINOR  | YES                | NO             | DESCRIPTION   | OF IDE | NTIFICATION       | SHOWN                   |                         |  |  |
| 4.   | J  | S PATRON BEFORE   |                    |                |               |        |                   |                         |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
| 5. HOW DID PATRON CONTRIBUTE TO HIS/HER INJURY                                       |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
| EMPLOYEE INFORMATION   |  |   |                    |                |               |        |                   |                         |                         |  |  |
| 6.   | 6. EMPLOYEE'S NAME (First, middle, last)   |   |                    |                |               |        |                   |                         | EMPLOYEE'S PHONE NUMBER |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  | ADDRESS  | (Street number and                                      | name, city, state, | zip code)      |               |        |                   |                         |                         |  |  |
| 7.   | EMPLOYEE'S NAME (First, middle, last)  |   |                    |                |               |        |                   | EMPLOYEE'S PHONE NUMBER |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  | ADDRESS  | (Street number and                                      | name, city, state, | zip code)      |               |        |                   |                         |                         |  |  |
|  |  |   |                    | INCIDENT II    | VEORMATI      | ION    |                   |                         |                         |  |  |
| 8.   | INCIDENT INFORMATION  B. ALCOHOLIC BEVERAGE RELATED INCIDENT  9. DRINK(S) SERVED (Number and type)   |   |                    |                |               |        |                   |                         |                         |  |  |
|  | YES  | NO  |                    |                |               |        |                   |                         |                         |  |  |
| 10.  | 1  | RE NOTIFIED   | IF YES, BY WHO     | М              | WHAT POLICE   | AGENC  | Y                 | DATE OF CALL            | TIME OF CALL            |  |  |
| 11   | YES  | NO  | T TO YOUR ATT      | ENTION         |               |        |                   |                         |                         |  |  |
| • • •  | 1. HOW WAS INCIDENT BROUGHT TO YOUR ATTENTION  |   |                    |                |               |        |                   |                         |                         |  |  |
| 12. DESCRIBE INCIDENT (Including action you took to prevent or control the incident) |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
| Continued on reverse   |  |   |                    |                |               |        |                   |                         | reverse                 |  |  |
| 13.  | WITNESS'   | WITNESS INFORMATION WITNESS' NAME (First, middle, last) |                    |                |               |        |                   | WITNESS' PHONE NUMBER   |                         |  |  |
|  | The second secon |   |                    |                |               |        |                   |                         |                         |  |  |
| ADDRESS (Street number and name, city, state, zip code)                              |  |   |                    |                |               |        | WITNESS' EMPLOYER |                         |                         |  |  |
| 14   | 14. WITNESS' NAME (First, middle, last)  |   |                    |                |               |        |                   | WITNESS' PHONE NUMBER   |                         |  |  |
|  | . WITHEOU IVANIE (I IISI, IIIIuuie, last)  |   |                    |                |               |        |                   |                         |                         |  |  |
| ADDRESS (Street number and name, city, state, zip code)                              |  |   |                    |                |               |        |                   | WITNESS' EMPLOYER       |                         |  |  |
|  |  |   |                    |                |               |        |                   |                         |                         |  |  |
|  | SIGNATUR   | E OF PERSON MAK   | (ING REPORT        |                | PERSON'S TITL | LE     |                   | REPORT DATE             |                         |  |  |
| X  |  |   |                    |                |               |        |                   |                         |                         |  |  |

